

*ORIMA Research pays respect to Aboriginal and Torres Strait Islander Peoples past and present, their cultures and traditions and acknowledges their continuing connection to land, sea and community.*



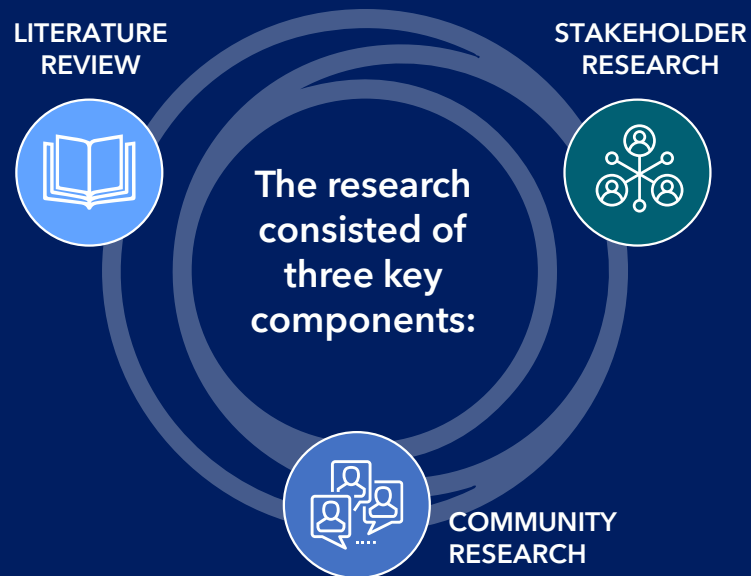
# Summary of findings from mental health workforce core competency research with LGBTQIA+ communities

*This research was funded through a grant from the National Mental Health Commission*

# Background and methodology

The objective of this research was to identify the knowledge, attitudes and skills (i.e. core competencies) required of professionals in the mental health workforce to meet the needs of people in two priority populations: people from lesbian, gay, bisexual+, transgender, queer, questioning, intersex and asexual (LGBTQIA+) communities; and people from culturally and linguistically diverse (CALD) backgrounds. This document presents a summary of the findings and core competencies identified from the research with LGBTQIA+ communities.

In this report, we refer respectfully to 'people from LGBTQIA+ communities' and 'LGBTQIA+ people' for ease of reporting. However, we acknowledge that not all people with diverse genders, sexualities, orientations or sex characteristics identify with the term LGBTQIA+ and that the cohorts referred to within this acronym are diverse, distinct and are not homogenous.\*



**Literature review:** existing literature was reviewed to inform the development of research materials and an initial draft set of core competencies

**Stakeholder research:** conducted with 17 representatives from mental health and wellbeing services and advocacy and support organisations working with LGBTQIA+ communities

**Community research:** conducted with 24 LGBTQIA+ participants who had accessed or felt they could have benefited from access to mental health services, as well as family members and carers of LGBTQIA+ people who had accessed services.

**Core competencies were developed, tested and refined iteratively throughout the research with participants.**

*\* Language used in the report reflects language preferred among participants at the time of the research. Language in this report may be imperfect and preferred language may change over time.*

# Findings in relation to LGBTQIA+ competencies

## Contextual background

The research found that LGBTQIA+ communities experience mental ill health at a higher rate than the general population (i.e. people who are not from LGBTQIA+ communities). Experiences of LGBTQIA+ community members that were found to contribute to unique mental health and wellbeing needs included:



Experiences of discrimination, harassment, endosexism and heterosexism.



Experiences of trauma and abuse.



Disengagement from family and/ or other support networks.



Experiences of co-occurring and co-morbid issues (e.g. homelessness and poverty and alcohol and other drug use).



Experiences of body dysmorphia, being unable to access gender-affirming therapies, and/ or non-consensual or ill-informed surgical or medical interventions.

In addition, a common issue was professionals and services treating "LGBTQIA+" as a homogenous group, with the individual and unique needs of each cohort inadequately catered for (e.g. differences in experiences and service needs between people with diverse sexualities, diverse genders or innate variations in sex characteristics).

## Experiences accessing and using services

Stakeholder participants reported a wide variation in overall competence, with many perceiving the mental health service sector to be poorly equipped to provide support to LGBTQIA+ people. As a result, experiences amongst LGBTQIA+ community members in accessing mental health services were inconsistent, with negative experiences commonly reported and positive experiences found to be ad-hoc and dependent on the competence of individual professionals.

Key **enablers** to accessing mental health services among participants included:

- ✓ Having timely access to specialised and appropriate services or units with knowledge of LGBTQIA+ communities issues.
- ✓ Explicit promotion of LGBTQIA+ inclusion by the service or by individual professionals.
- ✓ Receiving a referral or recommendation from a trusted community services provider (e.g. specialised in servicing LGBTQIA+ communities), a trusted professional or a friend or family member.
- ✓ Financial supports to access services.

Participants reported that **barriers** to engaging with mental health professionals included:

- ✗ Negative perceptions of services (e.g. due to past negative experiences).
- ✗ Lack of suitable referral pathways.
- ✗ Anticipation of negative attitudes towards diverse genders, sexualities and sex characteristics, and/ or a lack of knowledge amongst professionals.
- ✗ Not having appropriate opportunities to share information about gender, sexuality or innate variations in sex characteristics..

**While some participants reported examples of positive experiences with mental health professionals, the research found that many participants had negative experiences, such as:**

- encountering professionals with limited knowledge about diverse genders, sexualities, sex characteristics and orientations.
- encountering professionals with negative attitudes towards diverse genders, sexualities and sex characteristics.
- being burdened by the need to educate professionals.
- being given inappropriate, ineffective or harmful diagnoses or advice.

## Core competencies

Overall, the research identified strong support among participants for the development and promotion of core competencies to support professionals to work with people with diverse genders, sexualities, orientations and sex characteristics. It was felt that this would help to address the current perceived gaps in service delivery.

A number of strategies for maximising the effectiveness of core competencies were identified in the research, including:

- ensuring that competencies are well-communicated.
- providing resources to support professionals to meet competencies.
- ensuring frequent updating of the competencies with lived experience input.
- embedding competencies in training and professional development.
- enabling opportunities for professionals to demonstrate to potential service users their alignment with competencies.

## The competencies identified focus on:



**Improving knowledge** about the diversity of LGBTQIA+ communities and the range of factors that may impact on the mental health and wellbeing of people from LGBTQIA+ communities.



**Promoting attitudes** that respect the right of people from LGBTQIA+ communities and recognise the range of ways that people can live happy and healthy lives.



**Developing skills** for discussing and exploring gender, sexuality, orientation and innate variations of sex characteristics in a manner that is appropriate, sensitive and relevant to the individual's care.

A summary of the **knowledge-based**, **attitudinal** and **skill-based core competencies** identified in the research can be found in the following pages.

# Knowledge-based competencies

This section describes the knowledge-based competencies in more detail – which includes specific areas of knowledge, understanding and awareness for professionals working with people with diverse genders, sexualities, orientations or sex characteristics.



## Knowledge-based competency:



## Those in the mental health workforce:

### Awareness of what each letter in 'LGBTQIA+' refers to...

*...recognising that the acronym 'LGBTQIA+' encompasses multiple diverse communities and having a foundational understanding of who these cohorts are. This includes understanding the distinctions between gender, sexuality, sexual and romantic orientation and sex characteristics.*

- Know what each letter in the LGBTQIA+ acronym (or variations of the acronym) refers to, and how these terms are distinct from each other.
- Recognise that there are unique experiences and challenges for each cohort, that people may belong to multiple cohorts and that these may be experienced differently by individuals.
- Avoid conflating or misapplying knowledge about one cohort with another or using incorrect language, which could signal a lack of respect or lead to inappropriate advice.
- Update their knowledge over time in recognition of the fact that communities, language and norms change.

### Understanding of the impacts of stigma, exclusion and social context on the wellbeing of people from LGBTQIA+ communities...

*...including how mental health concerns faced by people from LGBTQIA+ communities may be caused or exacerbated by experiences in their social environment outside of their control, resulting in cumulative experiences of stress and impacts on resilience.*

- Are aware of the ongoing and contextual experiences of people from LGBTQIA+ communities which may be impacting on their mental health, including experiences of discrimination, erasure, harassment and/ or exposure to public debates relating to LGBTQIA+ communities.
- Are aware that LGBTQIA+ people may also experience stigma or exclusion from within the LGBTQIA+ community (e.g. bisexual+ people experiencing biphobia and exclusion from lesbian/ gay communities, or transgender people experiencing discrimination from cisgendered queer cohorts).
- Consider these experiences and their implications for treatment, including identifying when a trauma-informed approach may be required to guide assessment and advice for an individual.
- Recognise topics and/ or periods of time that may be triggering or traumatic for individuals (e.g. during public debates relating to the rights of LGBTQIA+ communities), and proactively provide support accordingly.

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**Knowledge-based competency:**

**Awareness of the lived history and context of interactions with the health and mental health system...**

*...which may mean that people from LGBTQIA+ communities do not feel safe accessing mental health services, are suspicious of mental health professionals, or anticipate low levels of knowledge and competence when working with LGBTQIA+ communities.*



**Those in the mental health workforce:**

- Are aware of how LGBTQIA+ communities are and have been pathologised in mental healthcare settings (e.g. the inclusion of homosexuality in the Diagnostic and Statistical Manual (DSM) and the use of conversion therapies).
- Recognise that negative experiences with the mental health system are in living memory for many members of LGBTQIA+ communities and that the collective memory and impacts of these experiences remains within the community, even among those who may not have experienced them first hand.
- Are aware that negative experiences with mental healthcare settings are not just 'historical' and that LGBTQIA+ communities continue to experience discrimination and pathologisation today.
- Are aware that clients may have experienced trauma, discrimination or distress in clinical settings, or may have heard of these experiences second-hand through others in their communities.
- Recognise that they may need to take active steps to provide inclusive support and counter clients' concerns or negative expectations.



#### Knowledge-based competency:

**Awareness that gender and sexuality can be on a spectrum, and can be fluid and experienced differently over time...**

*...which may mean that people use different labels to describe themselves at different points in time, and that understanding and exploring their identities may be an ongoing process without a clear or fixed "end" point.*



#### Those in the mental health workforce:

- Understand non-binary concepts of gender and sexuality (i.e. that terms relating to gender or sexuality are not rigid, fixed categories, but instead exist on a spectrum).
- Avoid making assumptions about a person's gender identity or sexual orientation (e.g. use neutral language, respectfully ask when unsure and do not assume the gender of an individual or their partner).
- Signpost that it's okay if a person's identity or preferred terms, pronouns and names change over time, and check in on these where appropriate.
- Understand that a person's support needs may change at different stages of their exploration of sexuality or gender, such as when first 'questioning' their identity, when sharing parts of their identity with others, when entering into different relationships or when making decisions about gender transition.
- Understand the unique risks and challenges that people may face during the questioning period and provide affirming support.
- Understand that some individuals may only realise or identify with the LGBTQIA+ umbrella later in life (e.g. in relation to sexuality, gender or discovering innate variations in sex characteristics) which may have impacts on their established relationships (e.g. children and family).





## Knowledge-based competency:

### Awareness of the intersectionality experienced by people from LGBTQIA+ communities...

*...and that an individual may have a range of elements of their lived experience or identity which interact and impact their mental health or wellbeing in different ways (e.g. First Nations identity, experiences of disability, religion, neurodivergence, cultural and linguistic diversity and experiences as a victim survivor of family violence).*

### Awareness of the range of community structures that may support the wellbeing of people from LGBTQIA+ communities...

*...including that an individual's family of origin may not be their strongest support network and the potential importance of chosen family.*



## Those in the mental health workforce:

- Recognise that an individual may be LGBTQIA+, but also have other elements to their identity which may impact their experiences in different ways.
  - Recognise that there is intersectionality within LGBTQIA+ identities (e.g. that a person can be intersex and gay, or asexual and transgender).
  - Understand that an individual may experience multiple stressors related to different aspects of their identity, all of which may need to be addressed when accessing services or when questioning, assessing or providing advice to individuals.
  - Understand that intersectionality is more than the 'sum of its parts', but rather compounds the stress and disadvantage experienced by an individual.
  - Recognise the need to provide advice which holistically accounts for all important elements of a person's lived experience and identity.
- 
- Are aware that an individual's family of origin is not always the best social support or safe place for them. This includes not overlooking or disregarding important relationships and support networks which can be used to support a client's wellbeing just because they may not be part of their family of origin, or being aware of different definitions of family outside of family of origin (e.g. chosen family), particularly for those who may be unable to maintain a relationship with their biological family.
  - Understand that discussing family may be a sensitive topic for some individuals and are respectful of this.
  - Understand potential challenges navigating family relationships for those who only learn about or express their LGBTQIA+ identity and experience later in life and may have been in long term relationships and/ or have children.



#### Knowledge-based competency:

##### **Understanding the potential importance of educating and supporting parents and families who are making decisions or providing consent on behalf of their children...**

*...including parents of babies and children born with variations in sex characteristics and parents of trans and gender diverse children and young people.*

##### **Knowledge of appropriate referral pathways, including when and how to refer...**

*...so that if a professional cannot provide the service or specialist knowledge required, they are able to direct individuals to where they can receive the required support.*



#### Those in the mental health workforce:

- Understand the importance of having constructive and educative discussions about gender, sexuality and innate variations in sex characteristics with a child or young person's family, including about disclosure and informed consent issues.
  - Understand the range of short and long term impacts that decisions about medical interventions can have for the child or young person's wellbeing and outcomes.
  - Are aware of how to direct a person's family to appropriate support services where needed so that their psychosocial wellbeing can also be supported.
- 
- Are able to recognise their own limitations, including when they are unable to provide a particular service and when a referral would be a more beneficial option.
  - Know where to access referral information either within their service (e.g. through service coordinator) or through other avenues.
  - Ensure that any services an individual is being referred to are LGBTQIA+ friendly or have appropriate specialised cohort related knowledge, so as to ensure a positive experience.



#### Knowledge-based competency:

##### Awareness of specific factors, including language, relevant to:

- **Lesbians**
- **Gay people**
- **Bisexual+ people**
- **Transgender people**
- **Queer people**
- **Questioning people**
- **Intersex people**
- **Asexual people**



#### Those in the mental health workforce:

Are aware of important unique factors for each sub-group:

- **Lesbians** - including:
  - The intersections of gender and potential experiences of sexism with lesbian identities (i.e. from within and from without LGBTQIA+ communities).
  - The potential importance for some lesbians of having a term to describe themselves which is distinct from the gay male community.
- **Gay people** - including:
  - The specific historical experiences and stigmas directed at the gay community (e.g. stigma connected to HIV).
  - The language and terms used in the gay community to describe themselves or particular practices in the community (such as terms for specific forms of gender presentations or sexual preferences).
- **Bisexual+ people** - including:
  - That bisexuality and the experiences of the bisexual+ community are not that of being 'half straight' and 'half gay' but are a specific and distinct identity with unique experiences and challenges.
  - Experiences of biphobia (i.e. invalidation of bisexuality as an identity, erasure or invalidation of bisexual+ experiences and attraction and discrimination based on negative or heavily gendered stereotypes of bisexual+ people specifically).
  - Experiences of dual discrimination from both the general community and the queer community, including rejection from queer spaces (e.g. if starting a relationship with someone of a different gender)



#### Knowledge-based competency:

##### Awareness of specific factors, including language, relevant to:

- **Lesbians**
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- **Queer people**
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- **Asexual people**



#### Those in the mental health workforce:

- **Transgender people** – such as:
  - Being familiar with the concepts of gender dysphoria and gender euphoria.
  - Identifying signs that someone may be experiencing gender dysphoria (e.g. being particularly uncomfortable being addressed in gendered terms) or body dysmorphia (e.g. consistently expressing discomfort in or distorted perceptions of their body).
  - Expectations in relation to transitioning and the impact this may or may not have on improving mental ill health.
  - Understand the importance of gender-affirming mental health care (e.g. supporting clients as they begin to socially affirm their gender, facilitating referrals for medical affirmation services or supporting identity documentation updates).
- **Queer people** – including:
  - That 'queer' may be a person's preferred term to describe themselves or their community.
  - That 'queer' can refer to a person's gender, sexuality, or both.
  - That 'queer' is a reclaimed slur and, as such, may have negative connotations amongst older people from LGBTQIA+ communities.
- **Questioning people** – including:
  - Potential mental health risks associated with questioning phases and protective factors (e.g. connection to community).
  - Understanding the potential complexity of what questioning may mean for an individual's life and relationships, such as impacts on their partner and/ or children.



#### Knowledge-based competency:

##### Awareness of specific factors, including language, relevant to:

- **Lesbians**
- **Gay people**
- **Bisexual+ people**
- **Transgender people**
- **Queer people**
- **Questioning people**
- **Intersex people**
- **Asexual people**



#### Those in the mental health workforce:

- **Intersex people/ people with innate variations of sex characteristics** - including:
  - Negative wellbeing impacts of some medical interventions (surgical or hormonal) such as those to 'normalise' genitals and stigma related to variations in sex characteristics.
  - Impact for those who have received or may be seeking affirmative medical interventions related to their sex characteristics, including reparative treatments.
  - The need to support and educate families in relation to bodily autonomy, sex, gender, self-determinations and age-appropriate disclosure.
  - Impacts of finding out about intersex status later in life, and potential impacts on fertility, gender perceptions, interpersonal relationships and identity.
  - Not all people with innate variations of sex characteristics use the term 'intersex' to describe their body or identify as being part of the LGBTQIA+ umbrella.
- **Asexual people** - including:
  - The difference between romantic attraction and sexual attraction.
  - The potential enhanced importance of close friendships as part of support networks.
  - Not assuming sex or libido is always central or necessary to healthy relationships.
  - People that do not experience sexual attraction may not be aware of the term 'asexuality', or identify as being part of the LGBTQIA+ umbrella.

# Attitudinal competencies

This section describes the attitudinal-based competencies in more detail – which includes the attitudes and beliefs that professionals should have about their practice and the individuals they work with.



## Attitudinal competency:



## Those in the mental health workforce:

**Willingness to proactively and professionally provide services that are LGBTQIA+ inclusive and safe to all clients...**

*...regardless of whether a person shares information about their gender, sexuality, orientation or sex characteristics.*

**Respecting the rights and dignity of people with diverse genders, sexualities, orientations and sex characteristics...**

*...including by taking a human-rights centred approach to each individual.*

- Use neutral gender language when referring to an individual, their partner or family, until the individual indicates which terms to use.
- Create opportunities for all clients to share their pronouns, not just those known or expected to be trans or gender diverse (e.g. by the professional introducing themselves with their own pronouns).
- Values the importance of challenging homophobia when raised by individuals, particularly as homophobic remarks may be a 'test' or internalised homophobia.
- Value and are aware of the human rights frameworks relevant to LGBTQIA+ populations (e.g. recent human rights findings in relation to children with innate variations in sex characteristics undergoing harmful surgical 'normalisation' before they are capable of providing informed consent).
- Are willing to provide services to anyone, including not denying access to their service on the basis of gender, sexuality or intersex status.
- Have regard for an individual's autonomy and self-determination over their body and identity.
- Have conversations with individuals and their families that assist them in understanding their rights (e.g. when caregivers or young people are asked to consent to medical interventions related to variations of sex characteristics).



#### Knowledge-based competency:



#### Those in the mental health workforce:

##### Having positive attitudes about people with diverse genders, sexualities and variations in sex characteristics...

*...including affirming the validity of diverse genders, sexualities and sex characteristics and supporting clients to take a positive and strengths-based view of themselves.*

- React positively and affirmingly to people if they share information about their gender, sexuality, orientation or intersex status.
- Are accepting of the range of ways a person may be in a healthy relationship.
- Seek to help individuals find the strengths and opportunities that their diversity may bring.
- Are open to and curious about learning a person's story and experiences and react without judgment.

##### Being humble, curious, compassionate and open minded...

*...including being open to learning new things from their clients, accepting the limitations of their knowledge, and appreciating the many different ways in which a person can live.*

- Seek to learn about an individual, and respect them as experts of their own experiences.
- Are willing to have their assumptions challenged.
- Recognise their limitations and own boundaries, and make appropriate referrals as and when required (including referrals to peer-support services if available/ appropriate).

##### Recognising that people with diverse genders, sexualities and intersex variations can and do live happy, healthy lives

*...and that they do not need to be "fixed".*

- Do not impose personal assumptions about what happy, healthy and satisfying lives look like (e.g. in relation to sex and relationships or bodily appearance or function).
- Are open-minded about the behaviours or elements of culture in different LGBTQIA+ communities, which may include having higher numbers of sexual partners, non-monogamous relationships or drug and alcohol use.

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Knowledge-based competency:

#### Having self-motivation to learn...

*...including learning about diverse genders, sexualities, orientations and sex characteristics, rather than relying solely on clients to educate.*





Those in the mental health workforce:

- Undertake their own learning about LGBTQIA+ identities, experiences and issues, such as through reading, targeted professional development or specific LGBTQIA+ workplace training, while recognising that the experience of these will differ between individuals.
- Admit when they do not have knowledge in a particular area, and take responsibility for building that knowledge.
- Let the individual be the expert on themselves, their identity or experiences, rather than making generalisations about their experiences based on gender, sexuality or sex characteristics.



# Skill-based competencies

This section describes the skill-based competencies in more detail - which includes the practical and tangible behaviours and actions required.

 Skill-based competency:	 Those in the mental health workforce:
<p><b>Intentionally and proactively communicating LGBTQIA+ inclusion...</b></p> <p><i>...to individuals and potential clients, in a genuine and authentic way, with inclusion of specific cohorts under the LGBTQIA+ umbrella.</i></p>	<ul style="list-style-type: none"> <li>Proactively and visibly signpost inclusion (e.g. through clear statements about inclusivity as well as knowledge and expertise, representation of diverse genders and sexualities in promotional materials, use of rainbow flags).</li> <li>Communicate LGBTQIA+ specialities in professional profiles.</li> <li>Use neutral language in person and on forms e.g. using the term partner instead of husband/ wife.</li> </ul>
<p><b>Affirming people with diverse genders, sexualities, intersex variations, and relationships...</b></p> <p><i>...including by validating their experiences, using respectful and inclusive language, reacting with neutrality, avoiding assumptions and adopting a strengths-based practice that reflects the client's preferences.</i></p>	<ul style="list-style-type: none"> <li>React neutrally or positively (without surprise or shock) if individuals choose to share aspects of their identity, relationships or intersex variations.</li> <li>Clearly communicate to clients that diverse genders, sexualities and intersex variations are normal, valid and are not an issue that require 'fixing'.</li> <li>Adopt the individual's preferred language to describe themselves and their identity (including pronouns, name and identity labels).</li> <li>Avoid language which makes assumptions about a person's identity (such as asking about boyfriend/ girlfriend), instead using neutral language with all clients until they express a preference.</li> <li>Affirm and respect different types of relationships, such as non-monogamous relationships or non-sexual relationships.</li> </ul>



### Skill-based competency:

#### Prioritising and providing reassurance about confidentiality...

*...recognising that individuals may not have shared their gender, sexuality, orientation or intersex status with everyone in their life, and respecting their preferences for how, when and with whom they choose to share this information.*

#### Sensitively providing opportunities for people to share their gender, sexuality or intersex status...

*...to support visibility of LGBTQIA+ communities and for evaluation purposes (e.g. in forms and in person), without forcing individuals to share about their gender, sexuality, orientation or sex characteristics if they don't wish to or if it is not relevant or appropriate to do so.*



### Those in the mental health workforce:

- Explain confidentiality clearly from the outset of engagement with an individual.
- Reassure individuals that no information about their gender, sexuality or sex characteristics will be shared without their consent, especially clients who are younger and may still be living with their families.
- Are aware of and can avoid the potential harm that can be caused to an individual by 'outing' them to family, friends and others.
- Ensure clear communication of boundaries in confidentiality when working with clients who are under eighteen, and ensure not to "out" them to their family, schools or employers in any communications with them.
- Are aware of and can navigate the specific complexities of confidentiality and concerns about privacy in regional areas, where there may be a higher likelihood that people attending and working within a service will know each other.
- Ensure processes are in place to determine and record an individual's gender or sexual identity (if they are comfortable sharing this information).
- Avoid asking unnecessary or untimely questions which are inappropriate, insensitive or may cause a client to feel stressed or stigmatised (e.g. HIV status, drug use, number of sexual partners, descriptions of sex characteristics or medical procedures).
- Use gender neutral language to refer to clients and their partners until they have confirmed their preferences.
- Are able to sensitively and appropriately explore sexuality, gender and orientation with an individual who may have not thought about these topics, including when the individual shares information about presentations that may be linked to these topics (e.g. body dysmorphia or vaginal pain during intercourse).



#### Skill-based competency:

##### **Determining the relevance of gender, sexuality, orientation or sex characteristics to mental health concerns...**

*...and only focusing on these in therapeutic approaches when beneficial to client outcomes.*

##### **Providing holistic and trauma-informed care...**

*...including recognising broader needs and experiences that may be relevant to people with diverse genders, sexualities and intersex variations, and providing relevant information and referrals.*



#### Those in the mental health workforce:

- Take the client's lead in identifying their priorities for discussion and treatment.
  - Are able to ask appropriate questions to determine whether or not an individual's gender, sexuality, orientation or sex characteristics are relevant to their mental health concerns, and do not make assumptions.
- 
- Are aware of and know how to navigate the impacts of trauma on an individual's wellbeing and behaviours.
  - Are aware of and can mitigate the dangers of re-traumatisation in clinical and treatment settings, including identifying when previous experiences of medical harm have reduced trust in therapeutic relationships.
  - Sensitive ask about individual's history and experiences in a manner which enables them to share information about their experiences related to gender, sexuality, orientation and sex characteristics, if they choose.
  - Consider all of the factors which may influence a client's mental health and recovery, focussing on those which are most important to the client.
  - Are able to ask about social support and link people to community supports if desired (e.g. peer networks).



#### Skill-based competency:

##### **Undertaking ongoing learning and development in relation to diverse genders, sexualities, orientations and sex characteristics...**

*...as these things are not static and understandings and preferred language will change over time, requiring knowledge to be regularly updated.*

##### **Ability to work with, educate and support families (or chosen family)...**

*...including supporting families to create safe environments and educating them about diverse genders, sexualities and intersex variations.*



#### Those in the mental health workforce:


- Take responsibility for independent learning about diverse genders, sexualities, orientations and innate variations of sex characteristics.
  - Ensure that this learning is ongoing, and that they update their knowledge over time to reflect new evidence and understandings.
  - Ensure that they follow the lead of their client and not make assumptions about them or their experiences, even if they have undertaken professional learning and development in the area.
- 
- Seek to engage and educate the families of people with diverse genders, sexualities, orientations and innate variations of sex characteristics (e.g. parents, partners and children) – if the individual consents and if it is appropriate to do so.
  - Work with families to ensure a supportive environment for individuals (if the client consents and it is appropriate to do so).
  - Educate families of individuals about the validity of diverse genders, sexualities and sex characteristics, and the importance of respecting and validating people's identities and bodily autonomy and integrity.
  - Recognise that the mental health needs of the families will change over time depending on the developmental age of their child and knowledge of the family.

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Skill-based competency:

**Actively reflecting on personal attitudes, beliefs and biases, and mitigating these as needed...**

*...to ensure that all care provided is evidence-based and not impacted by professionals' personal views on people from LGBTQIA+ communities.*



Those in the mental health workforce:

- Undertake self-reflection activities that encourage thoughts about their own perceptions and understandings of gender and sexuality.
- Reflect on how heteronormativity may have impacted their approaches to clients and their practice.
- Mitigate personal biases towards LGBTQIA+ communities to maintain a neutral and evidence-based level of care.
- For professionals who are LGBTQIA+ themselves – don't rely on their perceived "insider knowledge" of LGBTQIA+ communities, (and still undertake ongoing learning).

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While the research sought to engage with key stakeholders and community members to develop, test and refine the core competencies, they have not been tested with the general mental health workforce, or with community members who have diverse variations in sex characteristics. It is suggested that future research include consultation with these audiences. Additionally, the competencies could be shared more broadly for open comment and feedback from stakeholders, including those who may not have been able to participate in the research. This may include showing the more detailed information associated with the core competencies which was not specifically tested through this research process.

Future work may include a gap analysis and seek to better understand enablers and barriers for professionals in the mental health workforce when providing services to people from LGBTQIA+ communities. To support professionals to engage with the competencies, next steps may involve understanding how currently available training, supports and resources can be leveraged and promoted, as well as using a codesign approach to determine the resources and training that would support professionals to more holistically embed these competencies in their practice.

In addition, future research may explore what meeting the competencies may look like more specifically for different areas of the workforce (e.g. those working more directly in mental health care compared to those who may have a role in referring or connecting people to mental health support).





# Thank you

We would like to acknowledge and thank all the participants who were involved in this research for their valuable contribution. We are so grateful for the time, honesty and insights each participant brought to the project.



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